

HHS Privacy Impact Assessment (PIA) Summary

IHS: IHS National Patient Information Reporting System (NPIRS)

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2Summary of PIA Required Questions

Question	Response
1 System:	IHS National Patient Information Reporting System (NPIRS)
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	Initial PIA Migration to ProSight
4 Date of this Submission:	Jul 27, 2006
5 OPDIV Name:	IHS
6 Unique Project Identifier (UPI) Number:	009-17-01-00-01-1010-04 (009-17-01-20-01-1020-00-110-031; 917012001102000000000)
7 Privacy Act System of Records (SOR) Number:	IHS PA System 09-17-0001
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	Medical, Health and Billing Records Systems, HHS/IHS/OCPS National Patient Information and Reporting System (NPIRS) Stanley Griffith
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	
12 Provide an overview of the system:	1.To provide a description of a individual's diagnosis, treatment and outcome, and to plan for immediate and future care of the individual. 2.To provide statistical data to IHS officials in order to evaluate health cre programs and to plan for future Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	does not violate legal or policy limitations under which the record was provided, collected, or obtained. Law Enforcement Agencies: The IHS health care providers may disclose information from these records regarding the commission of crimes or the occur 1) Health and medical records containing examination, diagnostic and treatment data, proof of IHS eligibility, social data (such as name, address, date of birth, Social Security Number (SSN), tribe), laboratory test results, and dental, social service, Notification procedure
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	
18 Describe the consent process:	General Procedure: Requests must be made to the appropriate System Manager (IHS Area, Program Office Director or Service Unit Director/Chief Executive Officer). A subject individual who requests a copy of, or access to, his or h
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	Policies and practices for storing, retrieving, accessing, retaining, and disposing of records in the system: Storage: File folders, ledgers, card files, microfiche, microfilm, computer tapes, disk packs, digital photo discs, and automated, computer-b
24 Sr Official of Privacy Signature:	Richard G. Price
25 Sr Official of Privacy Signoff Date:	Jul 31, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

IHS: IHS Resource Patient Management System (RPMS)

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question

- 1 System:
- 2 Is this a new PIA?
- 3 If this is an existing PIA, please provide a reason for revision:
- 4 Date of this Submission:
- 5 OPDIV Name:
- 6 Unique Project Identifier (UPI) Number:
- 7 Privacy Act System of Records (SOR) Number:
- 8 OMB Information Collection Approval Number:
- 9 Other Identifying Number(s):
- 10 System Name:
- 11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:
- 12 Provide an overview of the system:
- 13 Indicate if the system is new or an existing one being modified:
- 14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?
- 15 Is the system subject to the Privacy Act?
- 16 If the system shares or discloses IIF please specify with whom and for what purpose(s):
- 17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:
- 18 Describe the consent process:
- 19 Does the system host a website?
- 20 Does the website have any information or pages directed at children under the age of thirteen?
- 21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?
- 22 Are there technical controls present?
- 23 Describe the IIF security controls:
- 24 Sr Official of Privacy Signature:
- 25 Sr Official of Privacy Signoff Date:

Response

IHS Resource Patient Management System (RPMS)

No

Initial PIA Migration to ProSight

Jul 27, 2006

IHS

009-17-01-06-01-1010--110-031

09-17-0001

No

No

Medical, Health and Billing Records Systems, HHS/IHS/OCPS Resource and Patient Management System (RPMS)

Howard Hays

1. To provide a description of an individual's diagnosis, treatment and outcome, and to plan for immediate and future care of the individual.

2. To provide statistical data to IHS officials in order to evaluate health care programs and to plan for

Existing

Yes

Yes

1. Records may be disclosed to Federal and non-Federal (public or private) health care providers that provide health care services to IHS individuals for purposes of planning for or providing such services, or reporting results of medical examination an

1) Health and medical records containing examination, diagnostic and treatment data, proof of IHS eligibility, social data (such as name, address, date of birth, Social Security Number (SSN), tribe), laboratory test results, and dental, social service, A. New patients must be registered in the IHS facility data base prior to being provided health care services; however, emergency services should not be delayed. Information on patients who present a critical emergency that requires immediate medical atte

Yes

No

Yes

Yes

Policies and practices for storing, retrieving, accessing, retaining, and disposing of records in the system:

Storage: File folders, ledgers, card files, microfiche, microfilm, computer tapes, disk packs, digital photo discs, and automated, computer-bas

Richard G. Price

Jul 31, 2006

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HHS Privacy Impact Assessment (PIA) Summary

IHS: IHS Telecommunications Infrastructure (IOAT)

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question

Response

- 1 System:

IHS Telecommunications Infrastructure (IOAT)
- 2 Is this a new PIA?

No
- 3 If this is an existing PIA, please provide a reason for revision:

Initial PIA Migration to ProSight
- 4 Date of this Submission:

Oct 28, 2003
- 5 OPDIV Name:

IHS
- 6 Unique Project Identifier (UPI) Number:

009-17-02-00-01-1010--110-03; (917020001101000000000)
- 7 Privacy Act System of Records (SOR) Number:

09-09-0006 & 09-17-000-2
- 8 OMB Information Collection Approval Number:

No
- 9 Other Identifying Number(s):

No
- 10 System Name:

Infrastruction Office Automation and Telecommunications (IOAT)
- 11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:

Robert McKinney
- 12 Provide an overview of the system:

Allows headquarters and area personnel to post job vacancies and scholarships to the internet and communicate with the IHS administrators of these systems via e-mail via the IHS Network using a secure connection. Potential candidates can search job postin
Existing
- 13 Indicate if the system is new or an existing one being modified:

Existing
- 14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?

Yes
- 15 Is the system subject to the Privacy Act?

Yes
- 16 If the system shares or discloses IIF please specify with whom and for what purpose(s):

State/Local Health Agencies.

A. Records may be disclosed to individuals within the Indian Health Service in the areas of personnel and finance. B. Records may be disclosed to authorized organizations, such as the United States Office of Technology As
- 17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:

A. Records containing general information on the person's residence, status of work, phone numbers and also the amount of monies awarded to the individuals using scholarships. These records are maintained and tracked from the beginning of the scholarship
- 18 Describe the consent process:

The data is collected via. web-based applications from scholarship applicants and job candidates. Subjects are notified by various messages displayed on the web page. A privacy statement is posted on the site to notify subjects about how their informati
- 19 Does the system host a website?

Yes
- 20 Does the website have any information or pages directed at children under the age of thirteen?

No
- 21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?

Yes
- 22 Are there technical controls present?

Yes
- 23 Describe the IIF security controls:

Policies and procedures are in place to ensure access, to include physical access, to data and equipment is controlled according to operational requirements, personal clearances, and data sensitivity. Policies provide for periodic evaluation of threats a
- 24 Sr Official of Privacy Signature:

Richard G. Price
- 25 Sr Official of Privacy Signoff Date:

Jul 27, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

